



# NATIVE VILLAGE OF BARROW HIGHER EDUCATION APPLICATION

## **PLEASE READ ALL INFORMATION BEFORE SUBMITTING**

All applications **MUST** be completed and submitted by the following deadlines in order to be eligible for scholarships. The Native Village of Barrow offers scholarships for HALF-TIME and FULL TIME STUDENTS

- Spring Semester- December 15
- Summer Semester- May 15
- Fall Semester- August 15

### **YOUR APPLICATION WILL NOT BE PROCESSED IF IT DOES NOT HAVE THE FOLLOWING ITEMS!**

- Completed Scholarship Application-MUST BE SIGNED/DATED
- Tribal Enrollment-(first time applicants)
- College/University acceptance letter (first time applicants/transfer students)
- Class registration/student schedule
- Current grades (high school transcripts for first time applicants)
- Financial need sheet
- Summary of goals, plans and objectives (first time applicants)
- Three letters of recommendations (first time applicants)

### **CHECKLIST BEFORE SUBMITTING APPLICATION**

- Double check the application to see if its completed and signed (all pages)
- Tribal enrollment
- College/University acceptance letter
- Class registration/student schedule
- Current grades or high school transcripts
- Financial need sheet
- Summary of goals, plans and objectives
- Three letters of recommendations

**\*\*\*YEARLY DEADLINES ARE: DECEMBER 15; MAY 15 and AUGUST 15\*\*\***

Name of Applicant: \_\_\_\_\_

First

Middle

Last

Check one:  Initial Application  Continuing Application Date: \_\_\_\_\_

**YOU MUST BE HALF TIME OR FULL TIME STUDENT TO QUALIFY**

Please check if you are full time or part time

Part Time – 6 to 11 Credits  Full Time – 12 or more credits

Check box applying for

Spring Semester- December 15  
 Summer Semester- May 15  
 Fall Semester- August 15

**Personal Information and Permanent Home Address**

\_\_\_\_\_

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First Name	Middle	Last
_____	_____	_____

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DOB	Social Security #	Student I.D #
_____	_____	_____

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P.O Box	City	State	Zip
_____	_____	_____	_____

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Email Address	Phone/Cell #
_____	_____

**Second Person Contact (This person is who we will contact if we cannot make contact with you regarding your scholarship)**

\_\_\_\_\_

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First Name	Middle	Last
_____	_____	_____

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E-Mail address	relationship	phone/cell #
_____	_____	_____

**College/University Address**

\_\_\_\_\_

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Name of School

\_\_\_\_\_

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Mailing Address	City	State	Zip
_____	_____	_____	_____

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Phone #	Fax #
_____	_____

## NATIVE VILLAGE OF BARROW FINANCIAL AGREEMENT FORM

Phone: (907) 852-4411 Fax: (907) 852-8844 Mail: PO Box 1130 Barrow, Alaska 99723 E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

**Student's Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

I give permission for the college/training institution to release financial and academic information to Native Village of Barrow Workforce Department.

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Financial Aid Office:** Please complete this form and return it to Native Village of Barrow Workforce Department. Please fill expenses portion even if other resources information is unavailable.

<u>Budget Forecast</u>	<u>Expenses</u>	<u>Student is going: (please circle one)</u>	
Tuition:	\$ _____	Full Time	Part Time
Fees	\$ _____	<b>Need cannot be determined because:</b>	
Books	\$ _____		
Room & Board	\$ _____		
Other (specify)	\$ _____		
_____	\$ _____		
_____	\$ _____		
<b>Total Budget</b>	<b>\$ _____</b>		

### Student resources and institution awards:

Funding Types	FALL	SPRING	SUMMER	TOTAL
WELFARE ASSISTANCE				
ALASKA STUDENT LOAN				
COLLEGE SCHOLARSHIP				
PERKINS LOAN				
PELL GRANT				
PARENT/SPOUSE CONTRIBUTION				
GUARENTEED STUDENT LOAN				
TRIBAL ASSISTANCE				
TUITION EXEMPTION				
VETERAN BENEFITS				
OTHER (SPECIFY)				
OTHER (SPECIFY)				

**Tuition Resource:** \$ \_\_\_\_\_  
**Unmet Needs:** \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Financial Aid Office Date

\_\_\_\_\_  
 Institution Name Address City State Zip

\_\_\_\_\_  
 E-Mail Phone # Fax #

# NATIVE VILLAGE OF BARROW FUNDING AGREEMENT FORM

Phone: (907) 852-4411 Fax: (907) 852-8844 Mail: PO Box 1130 Barrow, Alaska 99723 E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

I, \_\_\_\_\_, have read the Scholarship Grant Policies and Procedures. I understand that these funds are supplemental funds. I affirm that I have sought other funding resources to help fund my educational training needs listed below:

Semester:  Spring  Summer  Fall Year: \_\_\_\_\_

\_\_\_\_\_  
**Name of Accredited Institution**

\_\_\_\_\_  
**Address City State Zip Code**

**Please attach your student schedule/class registration with credits.**

By signing this document I certify that I fully understand that if in the event that I do not complete the semester by dropping out or withdraw, that I must return the awarded amount back to Native Village of Barrow, furthermore, I understand that this can affect my future financial assistance requests for financial aid scholarship.

I also understand that if I do not return these funds I will not be awarded Higher Educational funds until all past due funds are returned to Native Village of Barrow.

## DROP OR WITHDRAWAL

1. All awarded funds will need to be reimbursed back to the Native Village of Barrow if a student decides to drop out of courses and does not complete the semester.
2. If student fails to have funds reimbursed to Native Village of Barrow student will not be awarded for future funds.
3. Native Village of Barrow will be billing the student.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Workforce Staff or Director

\_\_\_\_\_  
Date